

## West Lafayette Municipal Pool Rental Application

Return to: West Lafayette Parks and Recreation  
1101 Kalberer Road  
West Lafayette, IN 47906  
765-775-5110

Type of activity: \_\_\_\_\_ Number of participants: \_\_\_\_\_  
Date of activity: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: from \_\_\_\_ to \_\_\_\_ (includes set-up and tear-down)  
Admission charged or donation requested for attendance: yes \_\_\_\_ (amount per person \$\_\_\_\_) No \_\_\_\_  
Use of admission or donation proceeds: \_\_\_\_\_  
Equipment to be used (please list): \_\_\_\_\_  
Name of group or organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of authorized representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
Day phone # \_\_\_\_\_; Evening phone # \_\_\_\_\_; Cell phone # \_\_\_\_\_

The West Lafayette Municipal Pool (Facility) is available for use subject to the Rules and Rental Policy provided as a part of this application. I have read, understand, and agree to comply with the Rules and Rental Policy. On behalf of the above listed organization or individual, I understand that use of the Facility is available at our discretion, and that we are not compelled in any way to use the Facility. We understand that use of the Facility involves a degree of risk of injury and even death and that we are voluntarily using the Facility with knowledge of the dangers involved.

In consideration of being allowed to use the Facility, I, on behalf of the above listed organization or individual and their heirs, representatives and assigns, hereby release and forever discharge, and agree to indemnify and hold harmless, the City of West Lafayette, the West Lafayette Community School Corporation, the West Lafayette Parks and Recreation Department, and their Board, officers, agents, employees, and representatives and any person or entity acting on their behalf, from any and all responsibility or liability (including attorney fees) for injuries, damages or death resulting from or arising out of the use of the Facility.

Signature of authorized representative: \_\_\_\_\_; Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### For Office Use Only

Amount paid: \$ \_\_\_\_\_; Date paid: \_\_\_\_/\_\_\_\_/\_\_\_\_; Receipt number: \_\_\_\_\_

Conditions/Comments: \_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_; Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Manager: \_\_\_\_\_; Guard 1: \_\_\_\_\_; Guard 2: \_\_\_\_\_

This reservation is confirmed when this form is completed, payment is received and approved by the West Lafayette Parks and Recreation Department.